

**Correspondence Address****Customer Number**

22045

**Change Reason****Directly Supplied****Name \*** BROOKS KUSHMAN P.C.**Street \*** 1000 TOWN CENTER  
TWENTY-SECOND FLOOR**City \*** SOUTHFIELD**State/Province** MI**Postal** 48075**Country \*** US**Save****Refresh****Clear****Other Contact Information:****Phone No. / Ext.**

2483584400

**Fax No.**

2483583351

**E-Mail****Print****Cancel****Last Modification**

KMOHAMMED

03/31/2005

pkidwell

06/24/2005

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